

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>01</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		10			D	D		01			Y	Y	Y	Y	Y	Y						2020
M	M																												
10																													
D	D																												
01																													
Y	Y	Y	Y	Y	Y																								
					2020																								
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="width:100%"> <tr><td>8075.00</td></tr> </table>			8075.00																							
8075.00																													
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.21795																										
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		10			D	D		02			Y	Y	Y	Y	Y	Y						2020
M	M																												
10																													
D	D																												
02																													
Y	Y	Y	Y	Y	Y																								
					2020																								
Name of Federal Candidate TILLIS, THOM R. SEN., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>118637.15</td></tr> </table>	118637.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____																									
118637.15																													

Full Name of Payee Headway Workforce Solutions Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>01</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		10			D	D		01			Y	Y	Y	Y	Y	Y						2020
M	M																												
10																													
D	D																												
01																													
Y	Y	Y	Y	Y	Y																								
					2020																								
Mailing Address 3100 Smoketree Ct. Suite 900			Amount <table border="1" style="width:100%"> <tr><td>8075.00</td></tr> </table>			8075.00																							
8075.00																													
City Raleigh	State NC	Zip Code 27604	Transaction ID : SE.21796																										
Purpose of Expenditure Canvassing / Travel		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2020</td></tr> </table>			M	M		10			D	D		02			Y	Y	Y	Y	Y	Y						2020
M	M																												
10																													
D	D																												
02																													
Y	Y	Y	Y	Y	Y																								
					2020																								
Name of Federal Candidate CUNNINGHAM, CAL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>126712.15</td></tr> </table>	126712.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____																									
126712.15																													

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>16150.00</td></tr> </table>	16150.00
16150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M	M	
10		

D	D	
03		

Y	Y	Y	Y	Y	Y
					2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2020	
Mailing Address PO Box 9625		Amount 32895.00	
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.21797
Purpose of Expenditure Digita Media Production / Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2020
Name of Federal Candidate TILLIS, THOM R. SEN., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		159607.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2020	
Mailing Address PO Box 9625		Amount 32895.00	
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.21798
Purpose of Expenditure Digita Media Production / Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2020
Name of Federal Candidate CUNNINGHAM, CAL, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		192502.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65790.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	81940.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 03 / 2020

Signature